

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## APPLICATION INFORMATION FORM

### ATTENTION

### IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### INSTRUCTIONS FOR OBTAINING LICENSURE BY RECIPROCITY

#### **A. Requirements for Licensure by Reciprocity**

Chapter 454.13 of the Wisconsin Statutes states: "Licensees of other jurisdictions. (1) Upon application and payment of the fee specified in sec. 440.05(2), the examining board may issue a license to practice barbering or cosmetology, aesthetics, electrology or manicuring or to practice as a manager to an applicant who is licensed in another state or territory of the United States or in another country to perform services which are substantially the same as those performed by licensees in this state and to who either of the following applies:

- (a) The applicant has at least 4,000 hours of experience in licensed practice, has never been disciplined by the licensing authority of another jurisdiction and is not a party to a proceeding before the licensing agency in which it is alleged that the applicant was negligent in the licensed practice or violated the law relating to the licensed practice"

**NOTE: Any applicant who does not meet the above licensure and experience requirements must graduate from a barbering and cosmetology school licensed in Wisconsin. Wisconsin Statutes do not allow for exemptions from the above requirements.**

#### **B. Required Information To Be Submitted**

1. Application for Licensure (Form #1681).
2. The reciprocity fee listed below must accompany the completed application. Please make check or money order payable to Department of Regulation and Licensing.

|               |          |
|---------------|----------|
| Practitioner  | \$63.00  |
| Manager       | \$71.00  |
| Manicurist    | \$133.00 |
| Electrologist | \$76.00  |
| Aesthetician  | \$87.00  |

3. Certification (Form #373) to be completed by **each** state in which you have been issued a license. You must hold a current license in at least one state. The certification form must be sent by the state directly to our office.
4. Verification of Employment (Form #1682) to verify 4,000 hours of licensed practice, must be completed in its entirety by the manager/owner of the licensed establishment. Any alterations will void this form.
5. Verification of Self-Employment (Form #2168) should **only** be completed if you owned a barbering or cosmetology establishment; **not** if you were employed by another establishment. This form should be submitted with your application.
6. If you are licensed in another country, you must submit notarized translations of your transcript of professional training showing the subjects and hours completed, verification of registration or licensure (if any), employment verification, and any other document being submitted to support your qualifications. These documents cannot be translated by the applicant or by family members. We suggest contacting a college or university in your area to find out if they are able to provide translations.

# Wisconsin Department of Regulation & Licensing

## C. Wisconsin Statutes and Administrative Code

A copy of the Wisconsin Statutes and Administrative Code Relating to the Practice of Barbering and Cosmetology is available on the web at [www.drl.state.wi.us/publications](http://www.drl.state.wi.us/publications) or at most public libraries. If you wish to purchase a copy, please submit a check or money order made payable to the Department of Regulation and Licensing, for \$5.28 per copy.

## D. You may obtain licensure in Wisconsin by reciprocity or by examination.

If you do not qualify for reciprocity (requirements listed under A), you are required to take the state board examination (written and practical) to obtain a Wisconsin credential. To qualify for the examination, an evaluation by a Wisconsin barbering and cosmetology school is required to determine the previous education is equivalent to our current educational requirement. Since November of 1988, the statutes (Ch. 454.07(3) and 456.06) require applicants for the examination to have completed a course of instruction in a school of barbering or cosmetology licensed by this state. The school would be granting credit for previous training toward the fulfillment of the school's graduation requirement.

**PROCEDURE:** It is the responsibility of the school, not the Barbering and Cosmetology Examining Board, to determine if you have satisfied the minimum educational requirement. The method of evaluation to be used by the school is not defined by statute or rule. The school, at its discretion, may conduct the evaluation by reviewing the transcript from the previous school and comparing it to our current course syllabus; by evaluating the transcript and administering an examination to determine equivalency; or by any other method to determine the minimum educational requirement has been satisfied. Upon determining the applicant has satisfied the entrance requirements for the examination, the Wisconsin barbering or cosmetology school must complete a CERTIFICATION OF TRAINING form for Continental Testing Services (CTS), our contracted testing service.

You will need to contact Continental Testing Services (CTS) at 1-800-717-1201 to request an application packet for the Wisconsin barbering and cosmetology examination.

### MINIMUM HOURS OF TRAINING REQUIRED:

|                |            |
|----------------|------------|
| Practitioner:  | 1800 hours |
| Manicurist     | 300 hours  |
| Aesthetician:  | 450 hours  |
| Electrologist: | 450 hours  |

THE "APPLICATION FOR LICENSURE BY RECIPROCITY" (FORM #1681), SHOULD ONLY BE SUBMITTED IF YOU HAVE COMPLETED THE RECIPROCAL REQUIREMENTS LISTED ON PAGE 1.

The license will expire on June 30 of the odd numbered year.

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### APPLICATION FOR LICENSURE BY RECIPROCITY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PLEASE TYPE OR PRINT IN INK

|           |            |    |                         |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

|  |  |
|--|--|
| Date of Birth<br>____ month ____ day ____ year | Daytime Telephone Number<br>(____) _____ - _____ |
|--|--|

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Hispanic ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

1. Provide the name of **each** state in which a license was obtained, license number, date granted, and the expiration date. Please indicate if license was obtained through examination or reciprocity.

| Name of State | License # | Date Granted | Expiration Date | Examination or Reciprocity |
|---------------|-----------|--------------|-----------------|----------------------------|
|               |           |              |                 |                            |
|               |           |              |                 |                            |
|               |           |              |                 |                            |

**Application fee:** Make check payable to the Department of Regulation and Licensing and attach check to application for type of license you are applying for.

- |                          |               |                 |
|--------------------------|---------------|-----------------|
| <input type="checkbox"/> | Practitioner  | (Fee: \$63.00)  |
| <input type="checkbox"/> | Aesthetician  | (Fee: \$87.00)  |
| <input type="checkbox"/> | Electrologist | (Fee: \$76.00)  |
| <input type="checkbox"/> | Manager       | (Fee: \$71.00)  |
| <input type="checkbox"/> | Manicurist    | (Fee: \$133.00) |

For Receipting Use Only

# Wisconsin Department of Regulation & Licensing

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**STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.**

If you answer **YES** to any questions, give all details on a separate sheet.

- |  | <u><b>YES</b></u>        | <u><b>NO</b></u>         |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

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**4. AFFIDAVIT OF APPLICANT**

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Barbering and Cosmetology Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

---

|            |                |           |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

---

Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

|           |            |    |                         |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

|                                   |  |
|-----------------------------------|--|
| Date of Birth                     | Social Security Number   |
| _____<br>month      day      year | _____<br>Information helps us identify your record, but is voluntary. It is not available to the public. |

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: \_\_\_\_\_
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

| <u>OFFENSE</u> | <u>DATE</u> | <u>CITY/STATE</u> |
|----------------|-------------|-------------------|
|                |             |                   |
|                |             |                   |
|                |             |                   |

Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

**If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.**

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

| <u>PENDING CHARGE</u> | <u>DATE OF ARREST</u> | <u>LOCATION OF ARREST (city/state)</u> |
|-----------------------|-----------------------|--|
|-----------------------|-----------------------|--|

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

|  |
|--|
|  |
|  |
|  |

## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(applicant's name)

\_\_\_\_\_  
Signature of Notary Public

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**



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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CERTIFICATION

**TO BE COMPLETED BY EACH STATE IN WHICH YOU HOLD A LICENSE (OTHER THAN WISCONSIN). THIS FORM MUST BE SENT DIRECTLY TO OUR OFFICE AND WILL NOT BE ACCEPTED UNLESS RECEIVED BY LICENSING AGENCY.**

We hereby certify that the following is a correct and true statement of the records of the State of \_\_\_\_\_ for the person named herein.

NAME OF APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(No. & Street, City, State, Zip Code)

LICENSED BY: ☐ EXEMPTION ☐ RECIPROCITY ☐ EXAMINATION

LICENSE(S) HELD

DATE ISSUED

DATE EXPIRES OR EXPIRED

Has any license held by the person named herein ever been revoked, suspended, limited, cancelled or otherwise disciplined? ☐ Yes ☐ No IF YES, PROVIDE DETAILS ON REVERSE SIDE.

We further certify that the above named person has always had a good record as a barber or cosmetologist in the State of \_\_\_\_\_ as far as our records show.

SIGNATURE: \_\_\_\_\_

SEAL

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### EMPLOYMENT VERIFICATION

**IMPORTANT:** Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application. When documenting the Employment Period, include the month, day and year.

#### PART 1: TO BE COMPLETED AND SIGNED BY THE APPLICANT

##### TO MY PAST OR PRESENT EMPLOYER:

Please complete this Verification of Employment form. Send the form directly to the above address. The information below is required for processing my application.

|                        |           |               |
|------------------------|-----------|---------------|
| Applicant Name (print) | Signature | Date          |
| Applicant Address      |           | Date of Birth |

#### PART 2: TO BE COMPLETED BY PAST OR PRESENT EMPLOYER

|  |  |
|--|--|
| Applicant Name   |  |
| Manager or Owner Name (print)  | Check: <input type="checkbox"/> Manager <input type="checkbox"/> Owner |
| Establishment Name (print)   | Establishment License Number   |
| Establishment Address (street, city, state, zip code)  |  |
| Employment Period:<br>(include the month, day and year)  | From _____ To _____<br>month/day/year month/day/year                   |
| Employee Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time   | Number of hours per week _____<br>Total Numbers of Hours Worked _____  |
| Employee Worked as (check one): <input type="checkbox"/> Practitioner <input type="checkbox"/> Manicurist <input type="checkbox"/> Aesthetician<br><input type="checkbox"/> Manager <input type="checkbox"/> Electrologist |  |
| I, _____, Manager or Owner, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.  |  |
| Signature _____<br>(Manager or Owner)  | License # _____  |
| Address _____<br>Number & Street City State Zip Code   | Date _____   |

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### EMPLOYMENT VERIFICATION

**IMPORTANT:** Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application. When documenting the Employment Period, include the month, day and year.

#### PART 1: TO BE COMPLETED AND SIGNED BY THE APPLICANT

##### TO MY PAST OR PRESENT EMPLOYER:

Please complete this Verification of Employment form. Send the form directly to the above address. The information below is required for processing my application.

|                        |           |               |
|------------------------|-----------|---------------|
| Applicant Name (print) | Signature | Date          |
| Applicant Address      |           | Date of Birth |

#### PART 2: TO BE COMPLETED BY PAST OR PRESENT EMPLOYER

|  |  |
|--|--|
| Applicant Name   |  |
| Manager or Owner Name (print)  | Check: <input type="checkbox"/> Manager <input type="checkbox"/> Owner |
| Establishment Name (print)   | Establishment License Number   |
| Establishment Address (street, city, state, zip code)  |  |
| Employment Period:<br>(Include the month, day and year)  | From _____ To _____<br>month/day/year month/day/year                   |
| Employee Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time   | Number of hours per week _____<br>Total Numbers of Hours Worked _____  |
| Employee Worked as (check one): <input type="checkbox"/> Practitioner <input type="checkbox"/> Manicurist <input type="checkbox"/> Aesthetician<br><input type="checkbox"/> Manager <input type="checkbox"/> Electrologist |  |
| I, _____, Manager or Owner, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.  |  |
| Signature _____<br>(Manager or Owner)  | License # _____  |
| Address _____<br>Number & Street City State Zip Code   | Date _____   |

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### VERIFICATION OF SELF-EMPLOYMENT

**IMPORTANT:** Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form.

Failure to submit proper documentation of self-employment will delay processing of your credential application. When documenting the Employment Period, include the month, day and year.

**INSTRUCTIONS:** To verify that you owned a barbering or cosmetology establishment, please complete this form and attach **one** of the following as documentation of self-employment:

1. A verification from the previous state's licensing agency to verify you had been issued an establishment license, the name and address of the establishment, the date the license was issued, and the date the license expired.
2. A photocopy of tax forms which shows your name as owner of the establishment for the employment period listed below.

Please Type or Print in Ink

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| Applicant Name   |   | Date of Birth   |                                       |
| Establishment Name                                       |   | Establishment License Number  |                                       |
| Establishment Address (Street, City, State, Zip Code)    |   |   |                                       |
| Employment Period.<br>(Include the month, day and year.) |   | From _____ To _____<br>month/day/year month/day/year                          |                                       |
| Hours Worked:  | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time  | Number of Hours Per Week  | _____                                 |
|  |   | Total Number of Hours Worked  | _____                                 |
| Worked as (check one):                                   | <input type="checkbox"/> Practitioner<br><input type="checkbox"/> Manager | <input type="checkbox"/> Manicurist<br><input type="checkbox"/> Electrologist | <input type="checkbox"/> Aesthetician |

I, \_\_\_\_\_, declare the foregoing statements are true to the best of my knowledge and belief, that I owned and operated the above mentioned establishment, and that I personally completed and signed this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

## CHAPTER 454

### BARBERING AND COSMETOLOGY EXAMINING BOARD

454.01 Definitions.  
454.02 Limitations and exceptions.  
454.04 Practice.  
454.06 Licensure.  
454.07 Examinations.  
454.08 Establishment licenses.  
454.10 Apprenticeship.

454.12 Continuing education.  
454.13 Licensees of other jurisdictions.  
454.14 Inspections.  
454.145 Disclosure of temporary permit status.  
454.15 Disciplinary proceedings and actions.  
454.16 Penalties.

**Cross-reference:** See definitions in s. 440.01.

**454.01 Definitions.** In this chapter:

- (1) "Aesthetician" means a person who practices aesthetics.
- (2) "Aesthetics" means, for compensation, caring for or beautifying the skin of the human body, including but not limited to cleaning, applying cosmetics, oils, lotions, clay, creams, antiseptics, powders or tonics to or massaging, stimulating, wrapping or exercising the skin of the human body.
- (3) "Apprentice" means a person who is learning the practice of barbering or cosmetology under s. 454.10.
- (5) "Barbering or cosmetology" means, for compensation, performing any one or a combination of the following practices:
  - (a) Arranging, styling, dressing, shampooing, cleansing, curling, dyeing, tinting, coloring, bleaching, waving, cutting, shaving, trimming, relaxing, singeing or performing similar work upon the hair or beard of any person by any means.
  - (b) Massaging, cleansing, stimulating, manipulating, wrapping, exercising, beautifying or applying cosmetic preparations, antiseptics, powders, oils, tonics, clay or lotion to or performing other similar work upon the skin of any person.
  - (c) Manicuring.
  - (d) The removal of hair of any person, except by use of an electric needle.
- (6) "Barber or cosmetologist" means a person who practices barbering or cosmetology.
- (7) "Compensation" means direct or indirect payment, including the expectation of payment whether or not actually received.
- (8) "Electrologist" means a person who practices electrology.
- (9) "Electrology" means, for compensation, removing hair from the human body by use of an electric needle.
- (10) "Establishment" means any place in which barbering or cosmetology, aesthetics, electrology or manicuring is performed.
- (11) "Examining board" means the barbering and cosmetology examining board.
- (12) "Manager" means a person who practices barbering or cosmetology and who is responsible for supervising and managing the operation of an establishment and ensuring that the establishment operates in compliance with this chapter and rules promulgated by the examining board.
- (13) "Manicuring" means, for compensation, cleansing, cutting, shaping, beautifying or massaging limited to the hands, feet or nails of the human body.
- (14) "Manicurist" means a person who practices manicuring.
- (15) "Student" means a person who is not licensed to practice barbering or cosmetology and who is engaged in learning the practice of barbering or cosmetology, aesthetics, electrology or manicuring at a school licensed under s. 440.62 (3) or exempted under s. 440.61 or a specialty school licensed under s. 440.62 (4).
- (16) "Training hour" means at least 50 minutes but not more than 60 minutes of instruction.

**History:** 1987 a. 265.

**454.02 Limitations and exceptions.** (1) Licenses to practice barbering or cosmetology do not confer the right to diagnose, prescribe for or treat diseases or conditions except as indicated in the definition of barbering or cosmetology in s. 454.01 (5) or under the direction of a licensed and practicing physician.

(2) Barbering or cosmetology, aesthetics, electrology and manicuring do not include any of the following:

(a) Services performed by a person licensed, certified or registered under the laws of this state as a physician, physician assistant, podiatrist, physical therapist, nurse or funeral director if those services are within the scope of the license, certificate or registration.

(b) Personal care services performed in correctional institutions, hospitals and licensed nursing homes under the supervision of a person responsible for inmate or patient care.

(3) Barbering or cosmetology, aesthetics and manicuring do not include any of the following:

(a) Services performed by masseurs or masseuses.

(b) Applying cosmetics preparatory to a public performance.

(c) Aesthetics, if performed on the face to demonstrate a product without compensation from a patron other than the sale of the product.

**History:** 1987 a. 265; 1993 a. 105.

**454.04 Practice.** (1) (a) Except as permitted under pars. (b) and (d), no person may engage in barbering or cosmetology unless the person has received training in the areas of service provided and holds a current barber or cosmetologist license, manager license or temporary permit issued by the examining board or is an apprentice under s. 454.10 or a student in a barbering or cosmetology course of instruction.

(b) No person may engage in aesthetics unless the person has received training in the areas of service provided and holds a current aesthetician license, barber or cosmetologist license, manager license, temporary permit or training permit issued by the examining board or is an apprentice under s. 454.10 or a student in an aesthetics or barbering or cosmetology course of instruction.

(c) No person may engage in electrology unless the person holds a current electrologist license, temporary permit or training permit issued by the examining board or is a student in an electrology course of instruction.

(d) No person may engage in manicuring unless the person has received training in the areas of service provided and holds a current manicurist license, barber or cosmetologist license, manager license, temporary permit or training permit issued by the examining board or is an apprentice under s. 454.10 or a student in a manicuring or barbering or cosmetology course of instruction.

(2) (a) No person may use the title "barber cosmetologist", "barber", "cosmetologist" or "hairstylist" or any other similar title unless the person holds a current barber or cosmetologist license or manager license issued by the examining board.

(b) No person may use the title "aesthetician" or any other similar title unless the person holds a current aesthetician license, bar-

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ber or cosmetologist license or manager license issued by the examining board.

(c) No person may use the title "electrologist" or any other similar title unless the person holds a current electrologist license issued by the examining board.

(d) No person may use the title "manicurist" or any other similar title unless the person holds a current manicurist license, barber or cosmetologist license or manager license issued by the examining board.

**History:** 1987 a. 265; 1995 a. 231.

**454.06 Licensure.** (1) **APPLICATION.** All applications for licenses under this section shall be filed with the examining board. No initial license may be issued under this section unless all of the following conditions are satisfied:

(a) The applicant pays the fee specified in s. 440.05 (1), except as provided in s. 454.13 (1).

(b) Subject to ss. 111.321, 111.322 and 111.335, the applicant presents evidence satisfactory to the examining board that the applicant has not been convicted of a felony committed while engaged in the practice of barbering or cosmetology.

(c) The applicant has graduated from high school or has attained high school graduation equivalency as determined by the department of public instruction; is participating in a program approved by the examining board; or is at least 18 years old and meets the ability to benefit rule under 20 USC 1091 (d).

(2) **BARBER OR COSMETOLOGIST LICENSE.** The examining board shall issue a barber or cosmetologist license to any person who does all of the following:

(a) Satisfies the conditions in sub. (1).

(b) Graduates from a course of instruction of at least 1,800 training hours in not less than 10 months in a school of barbering or cosmetology licensed under s. 440.62 (3) (a) or exempted under s. 440.61 or has successfully completed an apprenticeship under s. 454.10.

(c) Passes an examination conducted by the examining board to determine fitness to practice barbering or cosmetology.

(3) **MANAGER LICENSE.** The examining board shall issue a manager license to any person who does all of the following:

(a) Holds a barber or cosmetologist license.

(b) Completes 4,000 hours of practice as a licensed barber or cosmetologist under the supervision of a licensed manager or completes 2,000 hours of practice as a licensed barber or cosmetologist and 150 training hours of theoretical instruction in a school of barbering or cosmetology licensed under s. 440.62 (3) (a) or exempted under s. 440.61.

(c) Pays the fee under s. 440.05 (1).

(d) Passes an examination conducted by the examining board to determine fitness to practice as a manager.

(4) **AESTHETICIAN LICENSE.** The examining board shall issue an aesthetician license to any person who does all of the following:

(a) Satisfies the conditions in sub. (1).

(b) Completes either of the following:

1. A course of instruction in aesthetics of at least 450 training hours in not less than 11 weeks and not more than 30 weeks, in a school of barbering or cosmetology or a school of aesthetics licensed under s. 440.62 (3) (a) or (b) or exempted under s. 440.61.

2. At least 450 training hours of training in not less than 11 weeks and not more than 30 weeks under the supervision of a barber or cosmetologist instructor or aesthetics instructor certified under s. 440.63 (3) (a) or (b) or a licensed manager, in a licensed establishment that is also licensed as a specialty school of aesthetics under s. 440.62 (4) (a).

(c) Passes an examination conducted by the examining board to determine fitness to practice as an aesthetician.

(5) **ELECTROLOGIST LICENSE.** The examining board shall issue an electrologist license to any person who does all of the following:

(a) Satisfies the conditions in sub. (1).

(b) Completes either of the following:

1. A course of instruction in electrology of at least 450 training hours in not less than 11 weeks and not more than 30 weeks, in a school of barbering or cosmetology or a school of electrology licensed under s. 440.62 (3) (a) or (c) or exempted under s. 440.61.

2. At least 450 training hours of training in not less than 11 weeks and not more than 30 weeks under the supervision of an electrology instructor certified under s. 440.63 (3) (c), or a licensed electrologist who is also a licensed manager, in a licensed establishment that is also licensed as a specialty school of electrology under s. 440.62 (4) (b).

(c) Passes an examination conducted by the examining board to determine fitness to practice as an electrologist.

(6) **MANICURIST LICENSE.** The examining board shall issue a manicurist license to any person who does all of the following:

(a) Satisfies the conditions in sub. (1).

(b) Completes either of the following:

1. A course of instruction in manicuring of at least 300 training hours in not less than 7 weeks and not more than 20 weeks, in a school of barbering or cosmetology or a school of manicuring licensed under s. 440.62 (3) (a) or (d) or exempted under s. 440.61.

2. At least 300 training hours of training in not less than 7 weeks and not more than 20 weeks under the supervision of a barber or cosmetologist instructor or manicuring instructor certified under s. 440.63 (3) (a) or (d) or a licensed manager, in a licensed establishment that is also licensed as a specialty school of manicuring under s. 440.62 (4) (c).

(c) Passes an examination conducted by the examining board to determine fitness to practice as a manicurist.

(7) **POSTING OF LICENSE CERTIFICATES.** The examining board shall furnish a certificate to each licensee, certifying that the holder is licensed to practice barbering or cosmetology, aesthetics, electrology or manicuring or is a licensed manager. The licensee shall post the certificate in a conspicuous place in the licensed establishment.

(8) **EXPIRATION AND RENEWAL.** The renewal date and renewal fee for licenses issued under subs. (2) to (6) are specified under s. 440.08 (2) (a).

(9) **TRAINING PERMIT.** A person shall obtain a training permit from the examining board before beginning training under sub. (4) (b) 2., (5) (b) 2. or (6) (b) 2. The examining board shall issue a training permit to a person who satisfies the conditions in sub. (1) (b) and (c) and who pays a \$10 fee.

(10) **TEMPORARY PERMIT.** (a) The examining board may issue a temporary permit to practice as a barber or cosmetologist without examination if the applicant meets all of the requirements of sub. (2) for licensure except passage of an examination and if the applicant is scheduled to take the examination for licensure.

(b) The examining board may issue a temporary permit to practice as an aesthetician without examination if the applicant meets all of the requirements of sub. (4) for licensure except passage of an examination and if the applicant is scheduled to take the examination for licensure.

(c) The examining board may issue a temporary permit to practice as an electrologist without examination if the applicant meets all of the requirements of sub. (5) for licensure except passage of an examination and if the applicant is scheduled to take the examination for licensure.

(d) The examining board may issue a temporary permit to practice as a manicurist without examination if the applicant meets all of the requirements of sub. (6) for licensure except pas-

sage of an examination and if the applicant is scheduled to take the examination for licensure.

(e) A temporary permit issued under this subsection is valid for not more than 6 months and may not be renewed. The fee for a temporary permit issued under this subsection is specified in s. 440.05 (6).

**History:** 1987 a. 265; 1989 a. 31; 1991 a. 39; 1995 a. 27 s. 9145 (1); 1995 a. 231; 1997 a. 27.

**454.07 Examinations.** (1) The examining board shall, in accordance with s. 440.07 (2), conduct examinations for barber or cosmetologist, manager, aesthetician, electrologist and manicurist licenses not less than 8 times annually, at times and places determined by the examining board.

(2) Examinations of applicants for licenses issued under s. 454.06 (2) to (6) shall consist of written tests and practical demonstrations requiring applicants to demonstrate minimum competency in services and subjects substantially related to practice and public health and safety.

(3) A person is not eligible for examination for a license unless the person has completed the requirements for licensure under s. 454.06 except passing the examination.

(4) An applicant shall file an application for examination in the office of the examining board at least 3 weeks before the examination. If an applicant fails to file the application within the required time, the examining board may postpone the applicant's examination to the date of the next available regular examination. The examining board may require an applicant who fails to appear for or to complete an examination to reapply for examination. An applicant who fails an examination may request reexamination and shall pay a fee for reexamination, according to the procedures and fees established under s. 440.06.

**History:** 1987 a. 265.

**454.08 Establishment licenses.** (1) (a) The examining board may promulgate rules permitting the provision of personal care barbering or cosmetology, aesthetics, electrology or manicuring services outside of licensed establishments by barbers or cosmetologists, aestheticians, electrologists and manicurists to persons who are unable to leave their homes because of illness or disability or who are in hospitals, nursing homes, correctional institutions or other institutions.

(b) Except as permitted by rule promulgated under par. (a), no person may practice barbering or cosmetology, aesthetics, electrology or manicuring in an establishment unless the establishment is licensed to provide that practice under sub. (2).

(2) The examining board shall issue the following establishment licenses:

(a) A barber or cosmetologist establishment license which authorizes the practice of barbering or cosmetology, aesthetics, electrology and manicuring in the licensed establishment.

(b) An aesthetician establishment license which authorizes the practice of aesthetics in the licensed establishment.

(c) An electrologist establishment license which authorizes the practice of electrology in the licensed establishment.

(d) A manicurist establishment license which authorizes the practice of manicuring in the licensed establishment.

(3) The examining board shall issue an establishment license to any person who pays the fee specified in s. 440.05 (1) and who satisfies the requirements established by the examining board by rule, including proof of ownership of the business. Any change of ownership shall be reported to the examining board by the new owner within 5 days after the change of ownership.

(4) The examining board shall, by rule, establish minimum standards concerning the maintenance, equipment, plans and specifications for licensed establishments as they relate to the public health and safety. The examining board may not license an establishment under this section unless it meets the standards established by the examining board. A person proposing to open an establishment in a new location shall apply to the examining

board for an inspection and approval of the establishment, submitting an exact description and floor plan of the proposed location of the establishment on a form provided by the department.

(5) A person who is not licensed under s. 454.06 by the examining board may own or operate an establishment, but may not practice barbering or cosmetology, aesthetics, electrology or manicuring.

(6) A person who owns one or more barber or cosmetologist establishments shall employ at least one person as a manager who holds a manager license and works full time in the establishments.

(7) Commercial businesses and practices other than barbering or cosmetology may be operated within a licensed establishment, except that a business or practice which poses a sanitation or health hazard may not be conducted within a licensed establishment.

(8) The examining board shall furnish a certificate to the owner of a licensed establishment, certifying that the establishment is licensed by the examining board. The owner shall post the certificate in a conspicuous place in the establishment.

(9) The renewal date and renewal fee for licenses issued under this section are specified under s. 440.08 (2) (a).

**History:** 1987 a. 265; 1991 a. 39; 1997 a. 27.

**454.10 Apprenticeship.** (1) All apprentices shall be indentured and shall be governed by s. 106.01, the apprenticeship rules of the department of workforce development and the rules of the examining board.

(2) Apprentices shall receive at least 3,712 hours of practical training and at least 288 training hours of instruction in theory in a school of barbering or cosmetology in order to complete the apprenticeship program and be eligible to take the examination for a barber or cosmetologist license. Apprentices shall receive training for a total of at least 32 hours per week. The training shall be completed in not less than 2 years and not more than 4 years.

(3) No apprentice may practice barbering or cosmetology except under the supervision of a licensed manager. Apprentices shall be trained in all branches of practical work and in all subjects required to be taught in schools of barbering or cosmetology as prescribed by the examining board by rule.

(4) A person who has successfully completed the requirements of sub. (2) may not continue to practice as an apprentice but may apply for a temporary permit under s. 454.06 (10) (a).

**History:** 1987 a. 265; 1995 a. 27 s. 9130 (4); 1995 a. 231; 1997 a. 3.

**454.12 Continuing education.** The examining board may impose continuing education requirements on licensees either:

(1) As a part of the disciplinary process to ensure competency; or

(2) By rule, if necessary to preserve the public health, safety or welfare.

**History:** 1987 a. 265.

**454.13 Licensees of other jurisdictions.** (1) Upon application and payment of the fee specified in s. 440.05 (2), the examining board may issue a license to practice barbering or cosmetology, aesthetics, electrology or manicuring or to practice as a manager to an applicant who is licensed in another state or territory of the United States or in another country to perform services which are substantially the same as those performed by licensees in this state and to whom either of the following applies:

(a) The applicant has at least 4,000 hours of experience in licensed practice, has never been disciplined by the licensing authority of another jurisdiction and is not a party to a proceeding before the licensing agency in which it is alleged that the applicant was negligent in the licensed practice or violated the law relating to the licensed practice.

(b) The applicant meets the requirements established in a reciprocal agreement under sub. (2) between the examining board and the licensing authority in the state where the applicant is licensed.

454.13 BARBERING AND COSMETOLOGY

(2) The examining board may enter into reciprocal agreements with officials of other states for licensing barbers or cosmetologists, aestheticians, electrologists, manicurists and managers and grant licenses to persons licensed in other states according to the terms of such an agreement.

History: 1987 a. 265.

**454.14 Inspections.** (1) The department shall appoint inspectors under the classified service to inspect licensed establishments.

(2) An inspector appointed under sub. (1) may enter and inspect any licensed establishment at any time during business hours.

History: 1987 a. 265.

**454.145 Disclosure of temporary permit status.** A person practicing under a temporary permit issued under s. 454.06 (10) shall, before performing a service that he or she is authorized to perform by the temporary permit, inform the person who is receiving the service that he or she is practicing under a temporary permit and that he or she has satisfied all requirements except passage of an examination for a license for the applicable occupation.

History: 1995 a. 231.

**454.15 Disciplinary proceedings and actions.** (1) Subject to the rules promulgated under s. 440.03 (1), the examining board may make investigations or conduct hearings to determine whether a person has violated this chapter or any rule promulgated under this chapter.

(2) Subject to the rules promulgated under s. 440.03 (1) and this chapter, the examining board may revoke, limit, suspend or refuse to issue or renew, in accordance with the severity of the violation, a license or permit issued under this chapter or reprimand the holder of a license or permit issued under this chapter if it finds that the holder or applicant has done any of the following:

(a) Made a material misstatement in an application for license or permit or renewal.

(b) Failed to correct or take substantial steps approved by the examining board to correct a violation of any sanitary or other rule of the examining board within the time limit stated by the examining board in a notification of violation.

(c) Engaged in conduct in the practice of barbering or cosmetology, aesthetics, electrology or manicuring which evidences a lack of knowledge or ability to apply professional principles or skills.

(d) Subject to ss. 111.321, 111.322 and 111.335, been convicted of a felony committed while engaged in the practice of barbering or cosmetology, aesthetics, electrology or manicuring.

(e) Continued practice while knowingly having an infectious, contagious or communicable disease.

(f) Advertised in a manner which is false, deceptive or misleading.

(g) Advertised, practiced or attempted to practice under another's name or another's trade name.

(h) Subject to ss. 111.321, 111.322 and 111.34, been addicted to alcohol or other drugs to an extent related to the individual's ability to adequately undertake the job-related responsibilities of that individual's licensure.

(i) Violated this chapter or any rule promulgated under this chapter.

(3) The examining board may, in addition to or in lieu of a reprimand or revocation, limitation, suspension or denial of a license or permit, assess against a person who has done any of the things under sub. (2) (a) to (i) a forfeiture of not more than \$1,000 for each separate offense. Each day of continued violation constitutes a separate offense.

History: 1987 a. 265; 1991 a. 39.

**454.16 Penalties.** Any person who violates this chapter or any rule promulgated under this chapter shall be fined not less than \$100 nor more than \$5,000 or imprisoned for not less than 10 days nor more than 90 days or both.

History: 1987 a. 265.



# Wisconsin Department of Regulation & Licensing

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## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.